SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

\$175+

\$125

Date Stan 

amply Received. Ju

E 08 2013

Permit #: Refund: Date: Amount Paid: 8:19:13 7-17-18 

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS:

Bayfield Co. Zoning Dep

		Hec'd for Issuance		A A		_	B <sub>1</sub>	Commercial Use			X Residential Use	8	+	Towards.	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)	The state of the s	Property	☐ Run a Business on	70,000 Conversion	Т		Value at Time of Completion  * include donated time & material	Non-Shoreland		X Shoreland Creek or Landwa	Section 28 , Township 4	SE 1/4, NE 1/4	PROJECT LOCATION Legal Description:	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	71595 Hoover I'm	Address of Property:
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with (2 ) Porch	with a Porch	with Loft	truct			pplied for is relevant to it)		☐ Foundation		2-Story		×	# of Stories and/or basement		Is rroperty/Land within took rectol take, rond or riowage	X is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —	U)\$ N N, Range O⊆ W	Gov't Lot   Lot(s)   C	(Use Tax Statement)			Pl Tros	City/
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Address to send permit

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Attach

Copy of Tax Statement

Copy of Tax Statement of T

Date

Date

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Authorized Agent:

Owner(s): / Crrc
(If there are Multiple

ole time for the purpose

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart: PO Box 58 Washburn, WI 54891 (715) 373-6138

BAYFIELD COUNTY WISCONSIN

Dath Shamp (Received) III AUS 1 4 2013

Bayfield Co. Zoning Dept.

Permit #: Refund: Amount Paid: 1.10-18. 1.10-18. \$75 8-81-13 10 B 

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION LINTH ALL DEPARTS .....

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Square Footage	Dimensions	먑		Te	Proposed Structure		<	Proposed Use	
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Are Wetlands Present?  Pes	Is Property in Floodplain Zone? 그 Yes	+	is from Shorelir	Distance Structure	Stream (ind. Intermittent) If yescontinue	liver,	S is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	X Shoreland → Creek	
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8		Subdivision:	BIOCK(S) NO. SO	Lot(s) No.	M Vol & Page		1/4 Gov't Lot	SW 1/4, SE	$+$ $\frac{1}{2}$ $+$ $\frac$
Page(s) 387	87 Page	Volume 787	00006-000-	1-22-40		tatement) 04-	Legal Description: (Use Ta	PROJECT   Legal	
Written Authorization Attached  Or Yes X No	Written Authori Attached Pres X No	e/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ac	-1111	Age	(Person Signing Application on behalf of Owner(s))	Authorized Agent: (Person Sign	ъ
Phone:	Plumber Phone:		- 1000000-y	Plumber:	one:	Contra		Contractor: Self	٥
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phone: 7/5	Telephone:	156.	يان: که∈ciai	CONDITIONAL USE City/State/i	Address:	□ SANI	ED—►   X LAND	TYPE OF PERMIT REQUESTED X LAND USE Owner's Name:	0 =
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Authorized Agent:

(If you are signing on behalf of the

Address to send permit SUM C

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2000

Owner(s): +

(If there are Multiple Owners

ne Deed All Owners must sign or letter(s) of authorization must accompany this application)

er(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement
Copy of Tax Statement onthy purchased the property send your Recorded Deed

Date

8-14-13

Michael Justons	on: 8-14 wm, Committee or	meets all	Yes XNo Case #:  Was Parcel Legally Created XYes □ No  Was Proposed Building Site Delineated XYes □ No	□ Yes		Issuance Information (County Use Only)  Permit Denied (Date):  Sanitary Number: Reason for Denial:	(9) Stake or Mark Proposed Location(s) of New Continuous Permits Expire One (  NOTICE: All Land Use Permits Expire One (  For The Construction Of New One & Two Family Dv  The local Town, Village, C	Privy ( ement or surveyed ement or ement or surveyed ensed sur		Setback from the South Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the East Lot Line	latted Road ght-of-Way		Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)	C	(3) Show Location of (*): (*) Driveway and (*) From (4) Show: (4) Show: (4) Show: (*) Well (W); (*) Septic Tar (5) Show any (*): (*) Lake; (*) River; (*) Stree (7) Show any (*): (*) Wetlands; or (*) Slopes	Show / Indicate:
	by 1141. Tundens  so no filt no they need to be attached.)  habitation . No until under	wales - 1	Were Property Lines Represented by Owner Was Property Surveyed	Mitigation Attached □ Yes  Previously Granted by Variance ( □ Yes 対 No	e: 8-21-18  XNo Mitigation Required   Yes XNo	mber:  Denial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (UF), Holding, Letter 1977 (1977).  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.  Sanitary Date:	Feet	Feet Setback to Well	Feet Setback from Wetland Feet Setback from 20% Slope Area Feet Elevation of Floodplain	Setback from the Lake (ordinary Setback from the River, Stream, Setback from the Bank or Bluff	Description	Changes in plans must be approve	See attachment	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	age Road (Name Frontage Road)
Date of Appropria	nder pressure	Zoning District (	X Yes		Affidavit Required Pres & No		has not begun. Uniform Dwelling Code.	nust be visible from one previously surveyed corner to the ich the setback must be measured must be visible from set of the proposed site of the structure, or must be	3504 Feet		vater mark)	Measurement	d by the Plan		3/or (*) <b>Privy</b> (P)	

## d County, WI

Aerial Map



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Washburn, WI 54891
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APPLICATION FOR PERMIT
BAYFIED COUNTS WISCONSIN

Date Stamp (Received) AUG 23 2013

Bayfield Co. Zoning Dept.

Date: Refund: Permit #: 8,00 8-23-12 (明日)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS MANY ACCOUNTS OF THE CONSTRUCTION OF T

1/3	8/20/13	Date	Satto	Ellar 1	Bul	e purpose of inspection.	any reasonable time for the p	above described property any reasor  Owner(s):  Water	
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Samara									
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ביולא	kne.	Specify Type:	☐ (New) Sanitary		- T-V	1-Story	New Construction	1	
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Present?	oodplain Zone? □ Yes	Ä	is from thorolin		escontinue>	of Floodplain?	andward side	Shoreland —	
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ře	Acreage	Lot Size	Lot	BWE	10wn of:		,	1,35 4,	
		Subdivision:	Block(s) No.	Lot(s) No.	₹ 5	Lot Lot(s) CSM	Gov't Lot	E 1/4 SE 1/4	
Page(s) 233	/Page	Volume ////	-27-4 04-000-toos Vo	-09-27-4	04-038-2-48	(Use Tax Statement) 04- C		PROJECT Legal Description:	
Yes No		LH812	5 (100 H3)	TROV RIV	KILIK		4471 5	DUANE J-L	N:
n Authorization	Written A	/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Add	7/5-364-2454 Agent Phone: A	,	CONSTRUCTION  of Signing Application on behalf or	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Aug &
Phone:	Plumber Phone:		e de processo de la compansión de la compa	Plumber:				, ,	. col
17-8569	715-817-		Ln8115	たんご	City/State/Zip:		E E	operty:	J ad
72-4793	5	Lh.845.57M	INON RIVER,U	73	Walling Address: 4890 Co. Husej	tf A	RESTORATIONS	Owner's Name:  Out in Hearther K	) ×
OTHER	□ B.O.A. □ O		USE SPECIAL USE	CONDITIONAL USE	□ PRIVY □	□ SANI	► X LAND USE	TYPE OF PERMIT REQUESTED-	₩ W
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Address to send permit

4890

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IMN

RIVER

If you recently put

Attach
Copy of Tax Statement
Urchased the property send your Recorded Deed

Date

**Authorized Agent:** 

(If you

owner(s)

Signature of Inspector: McMal Huld For TBA:	s). Town, Committee or Board Conditions Joten LMCG press man habitation	8-21-13 a	2	Was Proposed Building Site Delineated XYes □ N	Granted by Variance (B.O.A.) ☐ Yes 从No Case #:	Is Parcel a Sub-Standard Lot		Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Location(s) of New Construct  NOTICE: All Land Use Permits Expire One (1) Year f For The Construction Of New One & Two Family Dwelling: 1 The local Town, Village, City, State	Prior to the placement or construction of a structure within ten [10] feet of the minimum required setback, the boundary line from which the setback must be measured must be visible of other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten [10] feet but less than thirty [30] feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proportion of the proportion of the owner's expense.	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)	Setback from the West Lot Line Setback from the East Lot Line	Setback from the <b>North</b> Lot Line Setback from the <b>South</b> Lot Line	Setback from the Established Right-of-Way	<del> </del>	Description	Please complete (1) - (7) above (prior to continuing)  (8) Setbacks: (measured to the closest)	HOLDING TANK	WE L	SANNA/ WOULDSHAR	TV/SW	F. O A.3.			(2) Show / Indicate: North ( (3) Show Location of (*): (*) Driv (4) Show: All Exist (5) Show: (*) Wel (6) Show any (*): (*) Lake (7) Show any (*): (*) Wet	Show Location of:
Add Hold For Affidavit:	Attached Yes No-In	Inspected by:	100 110	No		(Deed of Record) <b>英No</b> (Fused/Contiguous Lot(s)) 第No 文字No	Permit Date: 8,0	Reason for Denial:	on(s) of New Construction wits Expire One (1) Year from the Expire One (1) Year from the Expire One, (1) Year from the Expire One, (1) Year from the Expire One (	of the minimum required setback, th owner's expense. 'eset but less than thirty (30) feet from or verifiable by the Department by us	284 Feet NA Feet	2 <i>§O</i> Feet 3 <i>78</i> Feet			スグラ Feet	Measurement	o continuing) MUSKEG- the closest point)	8	Statement and the statement an	25004 6746	Cut House.	House		SECRE SPAZE	North (N) on Plot Plan  (*) Driveway and (*) Frontage Ro All Existing Structures on your Pro (*) Well (W); (*) Septic Tank (ST); (*) Lake; (*) River; (*) Stream/Cro (*) Wetlands; or (*) Slopes over 2	Proposed Construction
Hold For Fees:	ture. May Mot Mot	EX.		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)	Mitigation Required ☐ Yes ★No	3/3		Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.  Sanitary Number:  Sanitary Number:	e boundary line from which the setback must be measured must be visible to the minimum required setback, the boundary line from which the setback of a corrected compass from a known corner within 500 feet of the prosecu	Setback to Well	Setback from 20% Slope Area Elevation of Floodplain	Setback from <b>Wetland</b>	from the River from the Bank	Setback from the <b>Lake</b> (ordinary	Description	足のAD Changes in plans must be approve		DR	IVEWAY		- Control - Cont	NOATHE		North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tan  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%	<u>re applying Tor)</u>
Date of Approval:	be used for	tion (	Zoning District (	esented by Owner XYes Property Surveyed XYes	.A.) Case #:	Affidavit Required Affidavit Attached			olding Tank (HT), Privy (P), and Well (W), or Use has not begun.  The Uniform Dwelling Code.  mits.  Sanitary Date:	asured must be visible from one previously surveyed corner to the from which the setback must be measured must be visible from in 500 feet of the proposed site of the structure, or must be			N/	Creek	/ high-water mark)		nust be approved by the Planning & Zoning Dept.						tan co-of Building	N>	Tank (HT) and/or (*) Privy (P)	
S-E		M )	7	□ No		□Yes Sa No			<u>well</u> (w).	urveyed carner to the ust be visible from ure, or must be	274 Feet	Feet Feet	<del>}</del> Feet	Feet Feet	Feet	Measurement	& Zoning Dept.									